

Internal Use	
Receipt Date	DCN Range Beg:
Virus Check <input type="checkbox"/>	End:

8. Coverage Period:
Beginning Date(MMDDYY) Ending Date(MMDDYY)

If more than one Filer is being reported, please use form 4802.

The authorized agent of the Filer may sign if all conditions are met as stated in the, Magnetic Media Reporting Instructions.

Under penalties of perjury, I declare that I have examined this transmittal, including accompanying documents, and to the best of my knowledge and belief it is correct and complete. In the case of documents without recipient's identifying numbers, I have complied with the requirements of the law in attempting to secure such numbers from the receipts. I declare that this filing represents all Documents filed during this reporting period except for those transactions reported on paper.

Signature	Title	Date
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